## Docket No. TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT 15689.81 (Under 37 CFR 197(b) or 1.97(c)) In Re Application Of: Hijin Sato, et al. Application No. Filing Date Examiner **Customer No Group Art Unit** Confirmation No. 09/964,904 09/27/2001 Melur Ramakrishnaiah 2614 022913 3227 Title: CELL CONTROL METHOD AND CELL SYSTEM Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 37 CFR 1.97(b) 1. The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114. 37 CFR 1.97(c) 2. The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of: the statement specified in 37 CFR 1.97(e); OR $\boxtimes$ the fee set forth in 37 CFR 1.17(p).

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<b>Application No.</b> 09/964,904	Filing Date 09/27/2001	<b>Examiner</b> Melur Ramakrishnaiah	Customer No 022913	Group Art Unit 2614	Confirmation No. 3227	
Title: CELL CONTROL METHOD AND CELL SYSTEM						
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))  A check in the amount of \$ is attached. The Director is hereby authorized to charge and credit Deposit Account No. 23-3178 as described below. Charge the amount of \$ Credit any overpayment. Charge any additional fee required. Payment using the Credit Card payment option in E-Filer with RAM will be used to cover the payment of the fees.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
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(Date) Signature			(Date) Signature of Person Mailing Correspondence			
Typed or Printed Name of Person Signing Certificate			Typed or Prin	Typed or Printed Name of Person Mailing Certificate		
*This certif	icate may only deposit ac /ADRIAN Signature	J. LEE/	Dated: Novem	ber 20, 2006		
ADRIAN J. LE Reg. No.: 42,7 Attorney for A	785					